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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1163-0516PUS1 |
| Application No 10/517,838-Conf. #1333 | Filing Date December 15, 2004 | Examiner K. E. Glenn | Art Unit 2817 | |
| Applicant(s): Yoji ARAMAKI et al | | | | |
| Invention: WAVEGUIDE ORTHOMODE TRANSDUCER | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 6 | - 20 = | 0 | x 50.00 0.00 |
| Independent Claims | 1 | - 3 = | 0 | x 200.00 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17 | | | | |
|  #58,755 D. Richard Anderson Attorney Reg. No.: 40,439 | | | | |
| Dated: June 12, 2007 | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035 | | | | |